

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## Policy Guide 2014.07

### COUNTDOWN TO 21

**DATE:** June 26, 2014

**TO:** All DCFS and Private Agency Child Welfare Staff

**FROM:** Bobbie Gregg, Acting Director *Bobbie Gregg*

**EFFECTIVE:** Immediately

#### I. PURPOSE

The purpose of this Policy Guide is to issue amendments to Procedure 301.60; Procedure 302 Appendix G; Procedure 302 Appendix M; Procedure 302 Appendix N; Procedure 359.60 and 359 Appendices A and F; and Policy Guide 2013.03, Clinical Intervention for Placement Preservation (CIPP). These changes are necessary to begin the Countdown to 21 Program on July 1, 2014. The purpose of Emancipation Funding is to provide financial support to youth as they leave the child welfare system and become self-sufficient.

#### II. PRIMARY USERS

Primary users are DCFS and POS Child Welfare Staff and Supervisors, and all placement contractors with the Department.

#### III. Definitions

“Discharge-Clinical Intervention for Placement Preservation (D-CIPP)” is a facilitator-guided team planning process with the youth, permanency worker, caregiver, family and other stakeholders to help identify the youth’s adult connections/relationships and determine the array and intensity of supports and services needed to assist the youth in planning for a successful emancipation.

“Emancipation” occurs when a youth is 18 years or older and is no longer in DCFS care.

“Emancipation funds” are one-time financial assistance given to a youth. The youth must be emancipating from a Department approved placement. The funds are given to the youth in connection with a transition plan and budget that is developed with the youth.

“Financial Literacy” focuses on basic financial education to promote the ability to understand financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as job loss, saving for retirement, or paying for a child’s education.



## IV. Emancipation Funding

### a) Changes for Emancipation Funds in FY15

Beginning July 1, 2014, DCFS will distribute emancipation funds directly to youth with an open case in accordance with the requirements outlined in this Policy Guide. The youth will receive a **one-time** payment of \$1,200.00 in emancipation funds.

The ILO/TLP contracts for FY15 have been revised to remove the contractual requirement of a youth emancipation fund.

Emancipation funds that have been accrued through placement in ILO/TLP prior to 07/01/14 and have been returned to DCFS but are unable to be disbursed to the youth by 06/30/14 will be considered forfeited by the youth. For cases that remain open beyond 7/1/14, DCFS will maintain a record of all youth who have accrued more than \$1,200.00 by 6/30/14 and disburse those funds in accordance with the eligibility requirements of section IV, e), **Payment of the Emancipation Funds** in this policy guide .

### b) Changes to DCFS Transition Planning

Within 30-days of youth reaching their **19<sup>th</sup>** birthday a Discharge-Clinical Intervention for Placement Preservation (D-CIPP) staffing will be convened. The primary objective of the D-CIPP will be the development of the updated/revised **CFS 2032-1, Youth Driven Transition Plan** or **CFS 375-2 ILO/TLP Quarterly Transition Discharge Launch Plan**.

A D-CIPP staffing will be convened **90 days prior to the youth 21<sup>st</sup> birthday** to review the **CFS 2032-1, Youth Driven Transition Plan** and **CFS 374, Emancipation Funding Application and Disbursement Plan**. The disbursement plan is part of the application for emancipation funds.

## D-CIPP OBJECTIVES

- 1) Improve discharge outcomes by ensuring the following:
  - A) that the **youth identifies** and develops a detailed plan to address their top 2 or 3 goals toward transitioning out of the child welfare system;
  - B) that there is a well-developed plan in place to have the youth in their final living arrangement prior to emancipation;
  - C) that the youth's connections to family, community and social supports are nurtured and maintained;
  - D) that the youth's educational and vocational plans are realistic and in process prior to emancipation; and
  - E) that the youth is working toward financial stability.

- 2) Improve access to and use of local, community-based support services in the youth's community as related to successful emancipation (i.e. DHS resources, vocational training/planning, housing resources, etc.).
- 3) Improve access to and use of local, community-based support services in the youth's community in order to meet the youth's physical and mental health needs (i.e. dental care, medical care, etc.).
- 4) Improve collaboration between team members assisting the youth with preparing for emancipation (e.g. ensuring the youth's identified family and community supports are actively involved in their transition planning and post-wardship).

### **D-CIPP Affordable Care Act Enrollment**

At the conclusion of the D-CIPP at age 20.9 years, the facilitator will provide the Permanency Worker and youth with the instructions for completing the enrollment in Medicaid. The Permanency Worker and youth will use the phone in the room to complete the enrollment process.

The Permanency Worker and youth will need the following information to complete enrollment:

- Full Name
- Date of Birth
- Gender
- Social Security Number
- Current Address
- Preferred Language
- Receipt of Supplemental Security Income (SSI)
- Employment and income
- Pregnancy Status, if applicable
- Names and Social Security Numbers of Dependent Children

### **c) Eligibility Requirements for Emancipation Funding**

In order to be eligible to apply for and receive emancipation funding, all of the following requirements must be met:

- 1) Youth must be in a Department approved substitute care placement. Youth in the following placements 90-days prior to emancipation are ineligible for funding: **DET**-Detention, **IDC**-Institution DOC, **SSU**-Self Selected Unapproved, **WUK**-Whereabouts Unknown, **UAP**-Unauthorized Placement, **UAH**-Unauthorized Home of Parent, **HMP**-Home of Parent and **WCC**-Unknown Continued Contact;
- 2) Youth must attend the 90-day Discharge-Clinical Intervention for Placement Preservation (D-CIPP);

- 3) Youth must complete a **CFS 2032-1, Youth Driven Transition Plan** or **CFS 375-2, ILO/TLP Quarterly Transition Discharge Launch Plan** including verification that vital documents (e.g. valid driver's license or state ID, birth certificate, updated medical) have been obtained;
- 4) Youth must provide their post-emancipation address and a description of their living arrangement (i.e. apartment with roommate);
- 5) Youth must identify a supportive resource person that will be available to assist and support them in their emancipation. The support person will be encouraged to participate in the 90-day D-CIPP;
- 6) Youth must have successfully completed a Department approved financial literacy course. Youth in a POS placement will be provided the course by the agency they are placed with. See section h) for more details.

**NOTE: For the initiation of Countdown to 21 all youth aged 19 and above will be referred to a Department approved financial literacy course by September 1, 2014.**

**NOTE: DCFS Managed Cases Only**

The Permanency Worker for youth in a DCFS placement refers the youth for the financial literacy course by completing the **CFS 912, Referral Form**. The referral is made when the youth becomes 19 years of age. The **CFS 912** will be submitted along with the **CFS 600-3, Consent for Release of Information** to the appropriate Transition Manager at the Office of Education and Transition Services (OETS). The financial literacy course must be successfully completed by age 20.9; and

- 7) Youth must fully complete the **CFS 374, Emancipation Funding Application and Disbursement Plan**. Those youth who will be 21 in **July, August and September of 2014 must complete the CFS 374-1**.

The Department will authorize payment for only the following "Budget Categories":

- Housing (e.g. rent, security deposit);
- Education Related Expenses;
- Transportation;
- Medical/Health;
- Daycare/Childcare;
- Furniture (electronics not included);
- Debt Reduction; and
- Savings Account Deposit

**d) Eligibility Exceptions:**

- 1) Youth turning 21 in July, August, & September 2014 will be eligible to apply for emancipation funding and they will be exempt from requirements 2) and 6); or
- 2) Youth who request case closure and petition the court prior to the age of 21 are eligible for emancipation funds. However, the youth must complete all of the eligibility requirements outlined in this policy guide; or
- 3) Youth in care who are diagnosed with a developmental disability and have an IQ of 65 or under are exempt from completing eligibility requirements 2), 3) and 6) outlined in section IV, c) of this policy guide. However, youth aged 20.9 are eligible to receive emancipation funds to support transition needs related to placement within the DHS/DDD adult system. See f) below and **Procedures 302, Appendix N** for more detail regarding eligibility.

**NOTE: Youth will be eligible for emancipation funds as part of re-entry if the youth has not previously received emancipation funds as part of the initial exit from care. However, the youth must complete all of the eligibility requirements outlined in this policy guide.**

**NOTE: Any exceptions are subject to Procedures 359, Appendix C, Exceptional Payment Procedure.**

**e) Payment of the Emancipation Funds**

Once the final D-CIPP staffing occurs, 90 days prior to emancipation, and it has been determined that the youth has met all the eligibility requirements to receive the emancipation funding, then the **CFS 374** must be completed, signed and dated by the youth, permanency worker, supervisor and D-CIPP facilitator, (**all 4 signatures are required**). It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to [CPUDCFS.Mailbox@illinois.gov](mailto:CPUDCFS.Mailbox@illinois.gov) or via fax to 217/557-0639.

Payment will be made directly to the youth within 30 days of receipt of the completed application and, if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** \$1,200.00. Youth who have accrued in excess of \$1200 prior to July 1, 2014 through placement in TLP/ILO will be able to apply and budget for the total amount accrued as of 6/30/14.

**f) Youth with Developmental Disabilities**

While youth in care who are diagnosed with a developmental disability and have an IQ of 65 or under are exempt from completing eligibility requirements 2), 3) and 6) outlined in section IV, c) of this Policy Guide, youth aged 20.9 are eligible to receive emancipation funds to support transition needs related to placement

within the DHS/DDD adult system (see **Procedures 302, Appendix N** for more detail regarding eligibility). The processing of emancipation funds must occur 90 days prior to emancipation. After it is verified that the youth is developmentally disabled and has a documented IQ below 65, then the **CFS 374** must be completed, signed and dated by the youth (if appropriate), permanency worker, supervisor and DCFS Office of Clinical Practice and Development, (**all 4 signatures are required**). The **CFS 418-L, Pre-Screen for DCFS Ward with Intellectual Disabilities** will be attached, verifying eligibility as DD. It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to [CPUDCFS.Mailbox@illinois.gov](mailto:CPUDCFS.Mailbox@illinois.gov) or via fax to 217/557-0639.

Payment will be made within 30 days of receipt of the completed application and if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** \$1,200.00.

The Office of Services for Persons with Developmental Disabilities can address any transition questions regarding DHS services, payee, or adult guardianship. In the Greater Chicago Area call the Statewide Administrator at 312-814-6832 and for Downstate call the Assistant Administrator at 217-524-7724.

**g) Pregnant and Parenting Youth**

A D-CIPP process for pregnant and parenting youth already exists under DCFS Information Transmittal dated October 10, 2013, Emancipation Support & Planning for Pregnant and Young Parent Wards. Nothing in that transmittal will be superseded by this policy. In addition, the 90 day D-CIPP for pregnant and parenting youth will continue to be facilitated by the Teen Parent Service Network (TPSN) and will include review and approval of the **CFS 374, Emancipation Funding Application and Disbursement Plan** provided the eligibility requirements in c), 1) thru 7) above have been met. The **CFS 374** must be completed, signed and dated by the youth (if appropriate), permanency worker, supervisor, and TPSN facilitator (**all 4 signatures are required**). It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to [CPUDCFS.Mailbox@illinois.gov](mailto:CPUDCFS.Mailbox@illinois.gov) or via fax to 217/557-0639.

Payment will be made directly to the youth within 30 days of receipt of the completed application and if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** \$1,200.00.

**h) Financial Literacy**

As part of the D-CIPP process, DCFS will require the youth to complete a Department approved financial literacy course that focuses on basic financial education to promote the ability to understand financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as job loss, saving for retirement, or paying for a child's education. Every POS Agency, Residential Program, and ILO/TLP Program who serve youth ages 18-21

are expected to have at least one certified financial literacy instructor. The Department's Office of Workforce Development will train the financial literacy instructors. For youth in a DCFS foster home, the DCFS Permanency Worker for the youth will complete and submit the **CFS 912** along with the **CFS 600-3** to the appropriate Transition Manager at the Office of Education and Transition Services (OETS).

#### **V. Housing Related Launch Package for Youth in a Department Approved Placement**

In addition to the Emancipation Funding, youth who are living in Department approved placements will also be eligible to apply for a housing related launch package with the DCFS-Office of Housing and Cash Assistance (OHACA). Youth must demonstrate the ability to sustain the launch assistance through the income they currently receive. Youth must meet all eligibility criteria for the Youth Cash Assistance Program (**Procedures 302, Appendix M**).

The youth's permanency worker must complete the **CFS 370-5YHAP, Request for Cash Assistance and/or Housing Advocacy** and the **CFS 370-5Y, Monthly Budget Form for Youth**. To be eligible the youth's monthly income must equal or exceed their projected monthly expenses. The youth's permanency worker must submit both forms, as well as, invoices for furniture and appliances and bills for utility deposits to the OHACA.

The Youth's permanency worker and/or housing advocate will work with the youth to develop a budget that will accurately reflect the youth's projected income and expenses for a month. Any income or expenses that are not expected to incur monthly will also be noted on the budget. The budgets must include all income that the youth will receive at the time that they will move into the launch housing. The budget must also include all expected monthly expenses that the youth will incur including, but not limited to, rent, utilities, phone, household cleaning items, laundry expenses, personal hygiene items, clothes and any expenses needed to maintain employment (for example transportation), if necessary.

If approved, OHACA will submit the approved request to the local Youth Cash Assistance Provider who will process the cash assistance check. The cash assistance check will be processed within one business day. The youth's Cash Assistance checks will be made payable to the person or organization providing the hard goods (e.g. property manager, utility company, furniture store or department store, vendor). Cash assistance checks will not be made payable to the youth. The Department will approve a maximum of \$2,000 to purchase hard goods on the youth's behalf in accordance with the process and requirements identified in this Policy Guide and **Procedures 302, Appendix M**.

**NOTE: Purchasing the items listed below in a) and receiving housing advocacy services in b) cannot exceed a total of \$2,000.**

The Launch Package consists of the Youth Cash Assistance Program and the Youth Housing Advocacy Program.

**a) Launch Package: Youth Cash Assistance**

- 1) Security deposit and 1<sup>st</sup> month's rent (if the youth cannot afford first month's rent but can demonstrate the ability to pay second month's rent.);
- 2) Assistance with utility start up;
- 3) Basic furnishings: table and chairs for kitchen, couch and chair, 2 tables and 2 lamps for living room, bed, dresser, side table and lamp for bedroom, desk if needed, kitchen appliances, if not provided by the property manager; or
- 4) Basic household supplies which can include: glasses and dishes, flatware, pots and pans, 2 sets of towels, 2 sets of sheets, blanket and pillow, cleaning supplies.

**b) Launch Package: Youth Housing Advocacy Program**

Assistance is provided with locating and securing an apartment.

**VI. Compliance and Data Reporting**

The Department has adopted the following expectations to guide the monitoring and implementation of Countdown to 21 for all **POS agencies & DCFS regions** serving 19 & 20 year-olds:

- Track and maintain statistics on agency compliance with scheduling and attending the D-CIPP meetings;
- Provide transportation for youth to attend D-CIPP meetings and ongoing support to youth in transition planning;
- Designate agency staff to attend train-the-trainers and maintain agency staff who are certified by the DCFS-Office of Workforce Development to provide the financial literacy curriculum to youth. Providers are encouraged to collaborate with other agencies in facilitating group classes for youth; and
- Ensure that supportive family members or other adults identified by the youth participate in the D-CIPP and/or other transition planning activities.

All **POS agencies** must submit the **CFS 2032-5, Countdown to 21 Quarterly & Annual Data Report** to the DCFS-Division of Regulation and Monitoring. The **CFS 2032-5** records the number of D-CIPP meetings scheduled, convened, missed, name(s) of staff certified in financial literacy instruction, number of youth 19 and over on the agency caseload who have completed financial literacy and number who have not, a detailed explanation for any youth who did not have a D-CIPP meeting, and the agency action plan for each youth related to transition planning.

**VII. QUESTIONS**

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at "OCFP – Mailbox". Non Outlook users may e-mail questions to [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us).



## **VIII. FORMS**

**CFS 370-5YHAP, Request for Cash Assistance and/or Housing Advocacy**

**CFS 374, Emancipation Funding Application and Disbursement Plan**

**CFS 374-1, Emancipation Funding Application and Disbursement Plan (for Youth Turning 21 in July, August, and September 2014)**

**CFS 418-L, Pre-Screen for DCFS Wards with Intellectual Disabilities**

**CFS 912, Referral Form**

**CFS 2032-5, Countdown to 21, Quarterly & Annual Data Report**

**These forms can be accessed on the DCFS Website and Template “T” drive.**

## **IX. FILING INSTRUCTIONS**

File this Policy Guide immediately following Procedures Section 301.60 e) 10), Extension of Services and Approval Process.

This page intentionally left blank.

**YOUTH HOUSING ASSISTANCE PROGRAM  
CASH ASSISTANCE OR HOUSING ADVOCACY**

**TYPE OF SERVICE REQUESTED**

☐ Youth Housing Advocacy

☐ Youth Cash Assistance

☐ Youth Partial Housing Subsidy

**CLIENT INFORMATION**

Youth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Region: \_\_\_\_\_ Site: \_\_\_\_\_ Field: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name	Child Resides With	Birth Date	Relation to Head of Household	Expected Return Home Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Household Income Sources: \_\_\_\_\_ Amount: \_\_\_\_\_

Describe the issue that led to this referral: \_\_\_\_\_

\_\_\_\_\_

Describe why the youth faces this issue: \_\_\_\_\_

\_\_\_\_\_

What will keep the youth stable in the future? \_\_\_\_\_

\_\_\_\_\_

**CASEWORKER INFORMATION**

Caseworker: \_\_\_\_\_ Worker ID#: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Extension: \_\_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES AUTHORIZING HOUSING ADVOCACY SERVICES**

Choose One Box:

☐ Assist Client Obtain New Housing

☐ Stabilize Family in Current Housing

YHA Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR CASH ASSISTANCE – Page two**

Page One and Two Required for Cash Assistance Requests

Youth: \_\_\_\_\_ CYCIS #: \_\_\_\_\_

**CASH ASSISTANCE REQUESTED**

<b>1. Payee:</b> _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
<b>2. Payee:</b> _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
<b>3. Payee:</b> _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
<b>4. Payee:</b> _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
<b>5. Payee:</b> _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____

**SIGNATURES OF PERSONS REQUESTING CASH ASSISTANCE**

Case Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person who will pick up the check(s): \_\_\_\_\_

Sign again after the check(s) is received from the provider: \_\_\_\_\_

**SIGNATURES AUTHORIZING CASH ASSISTANCE**

<b>1. Payee:</b> _____	Amount: _____
<b>2. Payee:</b> _____	Amount: _____
<b>3. Payee:</b> _____	Amount: _____
<b>4. Payee:</b> _____	Amount: _____
<b>5. Payee:</b> _____	Amount: _____
<b>YHA Coordinator</b> _____	Date: _____

State of Illinois  
Department of Children and Family Services

**EMANCIPATION FUNDING APPLICATION AND DISBURSEMENT PLAN**

DCFS Case ID: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Date of Expected Emancipation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (Needs to be a current address for the next 60 days for payment to be received):

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In order to be eligible to apply/receive Emancipation Funding, all of the following criteria must be met.  
For payment to be processed, all check boxes must be marked “completed”, and full signatures below.

- ☐ Youth is in a Department approved substitute care placement.
- ☐ In-Person participation in the 90-Day D-CIPP held.
- ☐ CFS 2032-1 Youth Driven Transition Plan or CFS 375-2 Quarterly Discharge Launch Plan completed.
- ☐ Youth has identified a supportive resource person.
- ☐ Department approved financial literacy course completed.
- ☐ Disbursement Plan Amount of \$\_\_\_\_\_ from page 2, verified and approved.

The signatures below indicate agreement and verification that all criteria checked above have been met.

Caseworker: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

D-CIPP Facilitator: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send signed and completed application and disbursement plans to Central Payment Unit for payment processing via email to [CPUDCFS.Mailbox@illinois.gov](mailto:CPUDCFS.Mailbox@illinois.gov) or via fax to 217/557-0639.**

### **Plan for Intended Use of Emancipation Funds**

The purpose of Emancipation Funding is to provide financial support to youth as they leave the child welfare system and become self-sufficient. The Department will authorize payment only if the youth is in compliance with the checked criteria on Page 1. Please provide amounts planned for the categories below, which will equal the total emancipation fund amount to be paid for the youth.

<b>Budget Category</b>	<b>Amount to be Disbursed</b>
Housing (e.g. rent, security deposit)	
Education Related Expenses	
Transportation	
Medical/Health	
Daycare/Childcare	
Furniture (electronics not included)	
Debt Reduction	
Savings Account Deposit	

**Total of category amounts must equal approved disbursement total entered on Page 1.**

**Youth's signature below reflects they intend to utilize the emancipation funds according to the budgeted amounts listed above.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of Illinois  
Department of Children and Family Services

**EMANCIPATION FUNDING APPLICATION AND DISBURSEMENT PLAN**

**This version is only to be used for Youth turning 21 in July, August & September 2014**

DCFS Case ID: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Date of Expected Emancipation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (Needs to be a current address for the next 60 days for payment to be received):

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In order to be eligible to apply/receive Emancipation Funding, all of the following criteria must be met. For payment to be processed, all check boxes must be marked "completed", and full signatures below.

- ☐ Youth is in a Department approved substitute care placement.
- ☐ CFS 2032-1 Youth Driven Transition Plan or CFS 375-2 Quarterly Discharge Launch Plan completed.
- ☐ Youth has identified a supportive resource person.
- ☐ Disbursement Plan Amount of \$\_\_\_\_\_ from page 2, verified and approved.

The signatures below indicate agreement and verification that all criteria checked above have been met.

Caseworker: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send signed and completed transition plan, application and budget forms to DCFS Division of Support Services for processing via fax to 312/814-9408.**

### **Plan for Intended Use of Emancipation Funds**

The purpose of Emancipation Funding is to provide financial support to youth as they leave the child welfare system and become self-sufficient. The Department will authorize payment only if the youth is in compliance with the checked criteria on Page 1. Please provide amounts planned for the categories below, which will equal the total emancipation fund amount to be paid to the youth.

<b>Budget Category</b>	<b>Amount to be Disbursed</b>
Housing (e.g. rent, security deposit)	
Education Related Expenses	
Transportation	
Medical/Health	
Daycare/Childcare	
Furniture (electronics not included)	
Debt Reduction	
Savings Account Deposit	

**Total of category amounts must equal approved disbursement total entered on Page 1.**

**Youth's signature below reflects they intend to utilize the emancipation funds according to the budgeted amounts listed above.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



State of Illinois  
Department of Children and Family Services

**PRE-SCREEN for DCFS WARDS WITH INTELLECTUAL DISABILITIES**

1. WARD: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PLACEMENT TYPE: \_\_\_\_\_ PLACEMENT NAME AND ADDRESS: \_\_\_\_\_  
ZIP: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_
2. WORKER: \_\_\_\_\_ AGENCY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RSF: \_\_\_\_\_  
RESIDENTIAL WORKER (IF APPLICABLE): \_\_\_\_\_ PHONE: \_\_\_\_\_

3. PSYCHOLOGICAL: Cognitive Functioning, Social/Adaptive Skills and Mental Health Status  
A. COGNITIVE FUNCTIONING: List current and any prior scores.

Date	Examiner (including credentials)	Instrument Used	Verbal	Performance	Full Scale IQ

- B. SOCIAL ADAPTIVE ASSESSMENT (i.e. Vineland):

Date	Examiner	Instrument Used	Composite Score	Functional Age Equivalent

- C. MENTAL HEALTH STATUS: Please indicate the most recent diagnoses.

AXIS I: \_\_\_\_\_  
AXIS II: \_\_\_\_\_  
AXIS III: \_\_\_\_\_

4. Medical Issues:

5. Behavior:

- Physically aggressive behavior: ☐ YES ☐ NO  
If yes, please describe:
- Registered sex offender: ☐ YES ☐ NO  
If yes, please describe:
- Criminal/arrest history: ☐ YES ☐ NO  
If yes, please describe
- Parenting or pregnant: ☐ YES ☐ NO  
If yes, please describe
- Other issues/concern: ☐ YES ☐ NO  
If yes, please describe

6. PERMANENCY PLAN:

- Type of services seeking (if known):
- Geographical placement preference:

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

This page intentionally left blank

### Referral Form

Please check one Referral type and include two copies of all requested documents.

☐ **Life Skills** (Youth in foster care, 14 to 20 Years of Age)

Referral Packets shall include two copies of the following documents:

- ☐ **CFS 912, Referral Form** (All requested information must be entered on the completed form.);
- ☐ Face sheet and child specific section of current SACWIS service plan;
- ☐ **Integrated** Assessment;
- ☐ **scored** Casey Life Skills Assessment
- ☐ **CFS 600-3, Consent for Release of Information**, signed by the youth and/or authorized agent of the Guardianship Administrator.

☐ **Financial Literacy Education** (Youth in DCFS managed placement, 19 to 19 ½ years of age)

Referral Packets shall include two copies of the following documents:

- ☐ **CFS 912, Referral Form** (All requested information must be entered on the completed form.);
- ☐ **CFS 600-3, Consent for Release of Information**, signed by the youth and/or authorized agent of the Guardianship Administrator.

Completed referral packets must be submitted to the appropriate Transition Manager of the Office of Education and Transition Services (OETS). Please do not fax life skills referrals.

#### OETS TRANSITION MANAGERS

**Cook Region**

OETS Transition Manager  
DCFS  
1911 S Indiana 6<sup>th</sup> Floor  
Chicago, Illinois 60616  
312-328-2098

**Northern Region**

OETS Transition Manager  
DCFS  
8 E. Galena Blvd., Suite 300  
Aurora, Illinois 60506  
630-801-3446

**Central & Southern Region**

OETS Transition Manager  
DCFS  
2309 W. Main Street, Suite 108  
Marion, Illinois 62959  
618-993-7100

#### CASEMANAGER DATA

Date:	Name of DCFS/POS Worker:
Worker's R/S/F:	Worker's e-mail address:
Worker's Agency:	
Worker's Address (Street, City, State & Zip):	
Telephone: (     )     -	Facsimile: (     )     -
Supervisor's Name:	Telephone: (     )     -

#### YOUTH DATA

Youth's Name:	DOB:	Age:
DCFS ID:	Telephone: (     )     -	Cell phone: (     )     -
Youth's Address (Street, City, State & Zip):		
County:	Youth's email address:	
Youth's signature:		

**PLACEMENT DATA**

Contact Name:	Relationship:
Address (Street, City, State & Zip):	
Home Telephone: (      )      -      Work or Message Telephone: (      )      -	
Email address:	

Describe any safety related concerns.
---------------------------------------

Are there any transportation issues? How will the youth get to classes?
---

When is the youth available to participate in classes (i.e., Wednesday evenings, Saturday mornings)?
--

Does the youth have any behavioral/emotional problems? Include clinical diagnosis and medications, if applicable.
---

What is the youth's learning style?      ☐ Auditory      ☐ Visual      ☐ Participatory

Does the youth have a physical disability?      ☐ Yes      ☐ No

Type of disability: \_\_\_\_\_

Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pended: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date _____	Date _____
Assigned Provider:		
Signature of Transition Manager:		

State of Illinois  
Department of Children and Family Services

**Countdown to 21  
Quarterly & Annual Data Report**

**Discharge-Clinical Intervention to Preserve Placement (D-CIPP) Reporting**

<b>D-CIPP Activities</b>	<b>1<sup>st</sup> Quarter (07/01-09/30)</b>	<b>2<sup>nd</sup> Quarter (10/01-12/31)</b>	<b>3<sup>rd</sup> Quarter (01/01-03/31)</b>	<b>4<sup>th</sup> Quarter (04/01-06/30)</b>	<b>Year-End Total</b>
<b># of D-CIPP's Scheduled</b>					
<b>#of 19-y/o D-CIPP's completed</b>					
<b>Missed</b>					
<b># of 20.75 y/o D-CIPP's completed</b>					
<b>Missed</b>					

\*Enter N/A=Not Applicable only when no youth on the agency caseload who met the age requirement for a D-CIPP, otherwise always enter a number.

**For any Missed column please provide detail and corrective action in this section of the report**

<b>Youth Name &amp; DCFS ID</b>	<b>Reason for Missed D-CIPP</b>	<b>Agency Corrective Action Plan to assure Transition Planning is occurring</b>

### Financial Literacy Instruction

All agencies providing substitute care services to 19 & 20-year-olds are required to maintain staff that have been certified by the DCFS-Office of Training and provide financial literacy to all 19 & 20 year-olds on the agency caseload.

Name of Staff Certified by DCFS Office of Training	Date Training Completed

Youth Completion Financial Literacy	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Youth Name & DCFS ID				

Please submit this report to your assigned agency performance monitor in the DCFS-Division of Regulation & Monitoring within 14 business days after each quarter.

Name of person submitting report:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Telephone Number

\_\_\_\_\_  
Agency Street Address, City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date